

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: Fraction nw ¼ nw ¼ sw ¼ Section Number 20 Township Number T 25s S Range Number R 1e E/W
 County: Sedgwick

Distance and direction from nearest town or city street address of well if located within city? 1039 W Meadow lake
Global Positioning System (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Ronald G Nix
 RR#, St. Address, Box # : 1039 W Meadow Lake
 City, State, ZIP Code : Valley Center, Ks 67147

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:

N	
NW	NE
X	E
SW	SE
S	

4 DEPTH OF COMPLETED WELL 120 ft.
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL 35 ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 3 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) _____
 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No x; If yes, mo/day/yr _____
 Sample was submitted _____ Water Well Disinfected? Yes x No _____

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued x Clamped
 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded
 PVC 4 ABS 7 Fiberglass _____ Threaded
 Blank casing diameter 5 in. to 60 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel 3 Stainless steel 5 Fiberglass PVC 9 ABS 11 Other (specify) _____
 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) _____

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 60 ft. to 120 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 35 ft. to 120 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals From 3 ft. to 35 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage Other (specify below) _____
 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well _____
 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Open field
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	21	Clay			
21	22	Fine sand			
22	120	Blue shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 10-1-07 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 740 This Water Well Record was completed on (mo/day/year) 10-25-07
 under the business name of Wenigner Drilling Inc. by (signature) _____

INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.